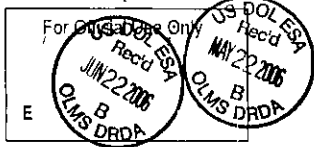


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



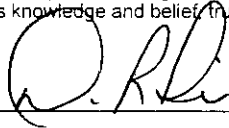
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7554	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Dennis R. Pierre P.O. Box, Bldg., Room No., if any Street 801 Cherry St. Suite 1010 City Ft. Worth State TX ZIP Code - 4 76102	4. Name, file number, and address of labor organization. Name Brotherhood of Locomotive Engineers + Trainmen Labor Organization File Number 005-452 P.O. Box, Building and Room Number, if any Street 801 Cherry St. Suite 1010 City Ft. Worth State TX ZIP Code + 4 76102
5. Position in labor organization. General Chairman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 5/15/06 817-338-9010 Date Telephone Number

Name of Person Filing	File Number U-
-----------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code -- 4 _____</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code -- 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p>
	<p>12.a. Nature of interest held or income received.</p> <p>_____</p>
	<p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>See Attachment</i></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p><i>See Attachment</i></p>
<p>13.b. Is the Business an Employer or Consultant ?</p> <p><i>See Attachment</i></p>	<p>14.b. Amount of payment.</p> <p><i>See Attachment</i></p>

Attachment "A"
Form LM-30 (Labor Organization Officer and Employee Report)
Fiscal Year: 01/01/2005 thru 12/31/2005

Reporting Labor Organization: Brotherhood of Locomotive Engineers and Trainmen (BLET-
 BNSF/MRL GCA)
 Labor Organization Officer: Dennis R. Pierce (General Chairman)
 5-digit OLMS File Number: None available at this time
 Organization File Number: 2005LM-30
 Ending Date of Reporting Period: 12/31/2005

*The purpose of this Attachment "A" is to furnish additional itemized information pertaining to Part C (Items 13 thru 14) of the Form LM-30 report. The information shown below reflects the best good-faith estimate of value and occasion based upon personal recollection.

13a.Name and Address of Employer/Labor Relations Consultant	13b.Business is an employer/Consultant	14a.Nature of Payment	14b. Amount of Payment
Yaeger, Jungbauer, Barczak, PLC 745 Kasota Ave. Minneapolis, MN 55414	Employer	4/6/05- Group supper in conjunction with Union function, received brief case as gift, followed by show.	\$195.00
	Employer	12/25/05-Holiday Ham	<u>\$65.00</u>
			\$260.00 Total